

CITY OF MARICOPA COMMUNITY SERVICES DEPARTMENT
VOLUNTEER APPLICATION

Name _____ Birth Date _____
Last First Middle

Address _____
Street Apt City State Zip Code

Phone () _____ Social Security Number _____

Email _____ Fax () _____

Emergency Contact Information _____
Name of person, relationship, and how to reach them while you are volunteering

List any medical conditions/concerns _____

List interests, skills, hobbies, volunteer work, community involvement, and leadership experience that may be beneficial to volunteering with the Community Services Department:

We currently have the following volunteer positions available:

Parks Library Special Events Recreation Programs Community Clean-up

Volunteer Position Desired _____

Additional Information

All persons selected to volunteer with the Community Services department (15 years and older) must complete an authorization form to conduct a background check. Please complete the attached Background Authorization form and return with the completed Volunteer Application to the Community Services department. Application and Background Authorization forms can be returned in person or faxed to 520.568.9120.

Have you ever been convicted, imprisoned, on probation, or on parole for other than minor traffic violations by a civilian or military authority? Information on felonies, misdemeanors, probation before judgment, convictions resulting from pleas of no contest, and/or other offenses is required.
Yes _____ No _____

Are you under charges for any offense(s) against the law other than minor traffic violations?
Yes _____ No _____

If an answer is yes to any of the previous questions, you are required to provide details that include dates, an explanation of the violation, place of occurrence, and the name of the police department or court involved.

If you have been assigned to do community service by a municipal, state or federal court, you must supply a copy of the judgment, ticket, or any substitute document that reflects the judgment or opinion of the court. The City of Maricopa does not guarantee the availability of community service or volunteer opportunities. Application for said services or volunteer opportunities does not guarantee availability. Failure to pass a background check will cancel or void any volunteer commitment.

I certify that the answers given by to the foregoing questions and during any interviews are true and correct without any consequential omissions. Any false statements and/or omissions may be used as a basis for rejection of this application and/or grounds for dismissal. I authorize the release of any information provided herein to the City of Maricopa to determine eligibility for the volunteer position for which I have applied. I understand and acknowledge that if chosen as a volunteer, the position is for no definite time period and either the City of Maricopa or I can terminate this relationship at will at any time. The City of Maricopa Community Services Department maintains policies and practices which prohibit the discrimination of any applicant on the basis of race, gender, color, national origin, age, disability, religion, veteran's status, sexual orientation, or any other characteristic protected by federal, state or local laws.

Volunteer's
Signature _____ Date _____

Parent's
Signature _____ Date _____
(If applicant is under 18 years of age)

Staff Use:
Location: _____

Date: _____



Staff Use:
Duration: _____

Staff
Receipt: _____

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

City of Maricopa ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.
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ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
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California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. <input type="checkbox"/>
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Printed Name	Social Security Number (SSN)
Signature	Date:



**Request for
Background Check**

Customer # 001733

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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APPLICANT: DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package	
<input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record	<input type="checkbox"/> Educational Degree Verification
<input type="checkbox"/> Social Security Address/Alias Trace	<input type="checkbox"/> Personal/Prof. Reference Verification
<input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Professional Licensure Verification
	<input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

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